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ABSTRACT

This report examines the expansion of Head Start programs to include children from birth to age 3. The report notes that high-quality, comprehensive programs for families and young children have demonstrated their effectiveness in helping families raise healthy, confident, curious children and, by providing support to parents, increasing parents' own self-sufficiency and well-being. It then discusses essential elements of Head Start programs for children aged birth-to-three, stating that such programs need to be comprehensive, family-centered, and community-based, as well as committed to quality services, to adequate wages and benefits for staff, and to providing safe, healthy, and stimulating environments. It also recommends that these programs include home visits, family resource and support programs, and family-centered child care. The report concludes by arguing that it is imperative that the federal government mandate a specific portion of all Head Start dollars for birth-to-three Head Start Programs. (MDM)

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A Head Start on Head Start

Effective Birth-to-Three Strategies

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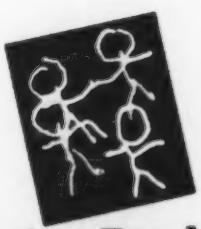

An Ounce of Prevention Fund Paper

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A Head Start on Head Start

For almost 30 years, young children from low-income families have benefitted from the federal Head Start program. Designed to help these preschoolers enter kindergarten as prepared to learn as their more economically advantaged peers, Head Start serves more than half a million children and their families in centers across the country. In addition, other federal initiatives, including Head Start Parent and Child Centers (PCCs) and the Comprehensive Child Development Program (CCDP) offer services to low-income families with infants and toddlers. Unfortunately, there has never been enough money to serve all the young children who need these programs.

As the nation prepares to increase funding for Head Start, we should give careful consideration to the nature of this expansion and spend the available money in the most effective way possible. Many urge, in the words of children's advocate Lisbeth Schorr, that we expand Head Start "downward, sideways, and upward": sideways to make more high-quality preschool services available full-day and year-round; upward to ensure the continued effectiveness of Head Start through kindergarten and the first three years of elementary school; and downward to bring Head Start's comprehensive approach to families with children younger than three.

The Ounce of Prevention Fund has more than ten years' experience working with families, particularly low-income and adolescent families, with very young children in Head Start and other community-based programs. Because we believe it is more caring and effective to promote healthy child development than to treat problems later in life, we have focused our work on prevention and supporting families as early in their children's lives as possible.

While we consider each type of Head Start expansion necessary, we strongly believe that reaching children as early as possible (prenatally through age three) undoubtedly is the best way to change the trajectory of a child's life, especially one growing up in the grips of poverty.

This report examines the downward expansion of Head Start:

- why it is important to increase support to low-income families and their children from the prenatal period through the first three years of life;
- what programmatic elements must be considered in implementing high quality birth-to-three Head Start programs; and
- the range of program models a birth-to-three Head Start initiative could support.

Building on the Past

The cornerstone of Head Start has been its comprehensive approach, one that helps prepare children for school by ensuring their healthy development in four critical areas of growth: physical, social, emotional, and cognitive. To increase their advantage, these children receive early childhood education, health care, and nutritional services. Their families, struggling with limited individual and community resources, gain access to a range of social support services, parent involvement activities, and opportunities to volunteer and work within Head Start.

Although critics maintain that Head Start's cognitive advantages "wash out" in later grades, long-term studies show that graduates of quality early childhood programs perform better in school, have fewer school absences, less grade retention, are less likely to be enrolled in special education classes, and are far more likely to complete their high school education than other low-income children. By helping to prevent early school failure and later dropout, early childhood programs reduce costs caused by the economic dependence, too-early childbearing, and incarceration often associated with incomplete education.

As Head Start has grown and developed, our knowledge of early childhood development and what it takes to ensure strong foundations for successful learning in young children has also grown. With this knowledge has come an evolving national consensus that to improve children's health and developmental outcomes and assure school readiness, there must be an array of early childhood development, care, and education programs that provide families support, information, and access to services prenatally through the first five years of their children's lives.

PHOTOS BY PAUL MEREDITH

Why Birth-to-Three Head Start?

From the earliest years of Head Start, those who guided its development recognized the importance of providing program resources to families with infants and toddlers, even though not all eligible preschoolers were being served. In 1967, a small number of Head Start Parent and Child Centers (PCCs) were established to serve low-income families with children under the age of three. Today, more than one hundred PCCs are funded. Like Head Start, these programs are given the flexibility to design their services to meet local community needs, while remaining grounded in the best knowledge of family and child development.

Since the first PCCs, many more programs focusing on families and children during their first three years of life have burgeoned across the country for a number of reasons.

Our expanded knowledge of human growth and development in the earliest years has taught us that approaches to life and learning developed in a child's first months and years are the approaches this child will bring to learning in school. Research tells us that an infant's brain reaches two-thirds its full size by the age of three, with most of the growth occurring within the first eighteen months, and that by age four more than one-half of our intelligence is in place. As nationally known pediatrician Dr. T. Berry Brazelton points out, it is possible to tell from the way a nine-month old baby plays with blocks whether that child is eager to explore and learn new tasks, or whether repeated failures have already made her cautious, uninterested, or expectant of failure in any new endeavor.

We also know that how infants and toddlers approach the world is greatly influenced by the adults and world around them. Their healthy development depends on the strength of their relationship with their parent or primary caregiver and on the positive functioning of the family within which they live.

There is now national consensus that the prevention of social problems is not only the most humane, but the most cost-effective approach in the delivery of human services. For example, we know that:

- every dollar spent providing food and nutritional services to pregnant women through WIC — the federal Special Supplemental Food Program for Women, Infants and Children — can save as much as $3.00 in short-term hospital costs;
- every dollar invested in childhood immunizations saves $10.00 in later medical costs; and
- early educational intervention has saved school districts $1,560 per pupil in special education.

High-quality, comprehensive programs for families with young children have demonstrated their effectiveness in helping families raise healthy, confident, curious children (often despite overwhelming barriers) and, by providing support to parents, increasing parents' own self-sufficiency and well-being.

PROGRAMS THAT WORK: beating the odds with early intervention

- From 1969 to 1974, the **Family Development Research Program** in Syracuse, New York provided education, nutritional, health and safety, and human services resources to young, low-income families, beginning prenatally and continuing until their children reached school age. From six months to five years of age, children attended an enriched day care program, while their parents received weekly visits from specially trained community workers. Ten years after participation in the program, program children had a juvenile delinquency rate one-quarter that of a similarly matched control group of children, and the offenses were much less severe. As 7th and 8th grade students, three-quarters of program girls had C averages or better and none were failing. In comparison, of the control group girls, more than 50% had averages below C and 16% were failing. (Interestingly, this greater school success for program girls did not hold for program boys, who showed no significant differences in school success than control group boys, an issue that warrants further study.)

- From 1968 to 1972, the **Yale Child Welfare Research Project** in New Haven, Connecticut offered a mix of child care, pediatric care, parent education and support, and psychological services to a group of low-income young women and their babies from pregnancy until their children were thirty months old. A ten-year follow-up study of program participants and a matched control group found that, like participants in the Syracuse program, program children experienced fewer serious school adjustment problems than control group children. Also, no program child had required residential treatment, had been in foster care, or had been arrested; only one child had required psychiatric help. And, after ten years, participant *families* were functioning better than control families in a number of areas: all program families were self-supporting, compared to only half of the control families; and, participating mothers had completed more years of education, waited longer to have a second child, and had fewer children than control mothers.

Another factor that has brought a focus to the earliest years is the changing circumstances within which families are raising children. The environment is far worse for children and families today than it was thirty years ago. One of every five children in the United States is growing up in poverty; of children under six, closer to one in four is poor. All too often, poor families live in the isolation of rural America, or amidst the dangers of inner-city communities plagued by violence, gangs, and drugs.

The first of our nation's educational goals — "By the year 2000, every child will arrive in school ready to learn" — now takes on a new urgency. Not only must our children enter school ready to learn, these early foundations of learning must be strong enough to carry them through school and into adulthood. Evidence is strong that a child who enters school unprepared is likely still to be behind in third grade; a child behind in third grade is often the drop-out in eighth, ninth or tenth grade. But it is possible to mitigate these negative impacts if we get to children and their families at an early age. Clearly, preparing all our children for school from their earliest years becomes a mandate our society can no longer ignore.

What Is School Readiness?

How do we know that a child entering kindergarten is "ready to learn?" Whether children can count from one to ten, recognize colors and shapes, recite the alphabet, or write their names can be easily tested, but will probably tell us little about their ability to learn and succeed in school. More accurate indicators of school success are harder to measure, a set of *qualities* that a child learns early in life and brings to school and all new learning situations, what Zero to Three calls "Heart Start — the emotional foundations for success in school and life."

A child with a "heart start," who enters school ready to learn, is *confident* of herself and others; *curious* about the world around her, experiencing learning and discovery as pleasurable; and *persistent* in her efforts, wanting her actions to have an impact and believing they will. She has a sense of *self-control*, the ability to control her actions in age-appropriate ways. And she is able to *relate* to others — to communicate verbally her ideas and feelings, to understand the feelings of others, and to cooperate with her peers in group activities.

Source: *Heart Start: The Emotional Foundations of School Readiness*, Zero To Three/National Center for Clinical Infant Programs, 1992.

Quality Birth-to-Three Head Start Programs: Essential Elements

What does it take to support families in their job of raising children who will enter school curious, enthusiastic, able to listen, share, and wait their turn — in other words, ready to learn? Numerous programs that effectively serve families with children under three have been implemented over the past fifteen years. Some are national initiatives, like the Comprehensive Child Development Program (funded to test the effectiveness of comprehensive family support programs in very low-income communities); many more are state and local efforts. Effective birth-to-three Head Start programs can build upon the experiences of Head Start and other programs serving infants and toddlers:

- Like existing Head Start programs, successful birth-to-three Head Start programs are **comprehensive**. They meet the full range of children's and family's developmental needs — social, physical, emotional, and cognitive — either within the program itself or through a well-established system of referral and linkage with other community services and resources.
- Because families bear primary responsibility for the care and development of their children, effective Head Start programs for infants and toddlers are **family-centered**. A family-centered model moves beyond Head Start's emphasis on parent involvement in program planning and decision-making to ensuring that parents or other primary caregivers are full and equal partners with program staff. The child and family together, in the context of their culture and community, become the focus of the program. Staff are given the training, the skills, and the time to build and foster respectful, supportive relationships with parents and extended family members. The healthy development of the family as a whole is as important as the healthy development of the child.
- Successful birth-to-three Head Start programs, like Head Start preschool programs, are **community-based** and build upon and **enhance family and community strengths**. Programs maintain the flexibility to respond to the unique needs and characteristics of individual families and communities. Programs rooted in the community often hire and train parents and other community residents as paraprofessional workers. Using community workers helps programs remain "true" to the specific issues and character of the community. It enhances the

partnerships that programs strive to develop with participants, while building the skills and leadership of community members.

- Effective birth-to-three Head Start programs and the policies that support them are **committed to quality services**. At the core of high-quality programs are the program and supervisory staff. Using staff who have been trained solely to teach preschoolers or elementary school children does not work. Effective birth-to-three staff have specialized training and knowledge of infant and toddler development, as well as of the needs and issues of the parents of these very young children. They are as comfortable with and skilled at talking with parents as they are in playing with babies. And to ensure the continuing quality of the program, staff receive ongoing and consistent supervision and training that enables them to build on their skills and grow professionally.
- Remaining true to the Head Start model, birth-to-three Head Start programs could provide community residents with **opportunities to work and learn** on the job, but no program should open without appropriately trained staff to work in partnership with staff in training; and, appropriate training and attainment of specific skills should be a condition for continued employment of all paraprofessional staff.
- To attract and keep properly trained, quality staff, effective early childhood programs **provide adequate wages and appropriate benefits**, including ongoing training and supervision. In addition, the program environment enables staff to do the work they are trained to do. All children, especially infants and toddlers, need unhurried, quality time with adults who understand their special needs and wants. To permit this, staff in effective birth-to-three child care programs are not responsible for more children than they can care for safely and appropriately; they have the time to get to know the babies for whom they are responsible, as well as their parents. Similarly, staff in high-quality family resource and support programs have the time and support to provide families the attention they need.
- Effective center-based programs for infants and toddlers **provide safe, healthy, and stimulating environments** where babies play and learn with staff members or with their parents. The highest health and safety standards are maintained; age-appropriate toys and activities are available; and there is adequate space for the numbers and ages of children being served.

A Range of Models for Birth-to-Three Head Start

Because the stresses on families and communities have intensified dramatically over the past thirty years, it is critical that an expanded birth-to-three Head Start initiative go beyond the currently funded Parent and Child Center model to encompass a wide range of program models and strategies to meet the diverse needs of today's families and communities.

Like Head Start, a birth-to-three program is not a short-term solution to child care. It is a long-term program that prepares children and their families to succeed in the long-run. While each of the models described below meets the needs of families with young children, each one does so differently. As birth-to-three Head Start expands, each of these models should be among the options available to families and communities. Some may be natural expansions of existing Head Start or other preschool programs, while others may fit best as part of another community-based health, social service, or child care program or organization.

Home Visiting Programs

Home visiting programs for families with young children have existed in the United States for over one hundred years. Seen initially as an effective means of reducing infant deaths by providing health education and care to pregnant women and infants in their homes, home

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visiting programs have grown to include a variety of health, education, support, and social services.

Today, home visiting programs target different populations. Some serve all parents who want to participate; others select specific groups such as teen parents or other families whose children are at risk due to severely limited family and community resources. Home visitors themselves may be community residents trained to work in homes with parents and young children, or they may be professional social workers, child development specialists, or nurses. Home visiting programs may be part of early childhood education programs, social service agencies, or public health departments.

Home visiting programs for families with young children share the belief that: all parents need support and information in their role as parents; parents can learn the skills to become their children's primary teacher, caregiver, and advocate; parents learn best through a consistent, equal, and respectful relationship with a trained worker; and that reaching out to parents by going to their homes during a pregnancy or shortly after a birth provides a unique opportunity for support, helps prevent developmental problems by providing information and access to resources, and allows early identification and referral for treatment of developmental delays.

Head Start's own home-based service option, Home Start, is one home visiting program model that could be expanded downward to serve families from before the birth of a child through the infant and toddler years. Presently, Home Start provides comprehensive Head Start-type services to parents and preschoolers for whom center-based programs are not feasible. In weekly visits, trained staff provide information and skills that help parents become "child development specialists" for their own children. Like other home visiting programs, Home Start provides a means of reaching out to families isolated by geography, lack of transportation, or personal difficulties. For these families, Home Start can become an important bridge to other community-based programs, including center-based Head Start.

Research indicates that home visiting services improve the health of pregnant women and of their babies; reduce infant mortality; increase the cognitive, social, and emotional growth of premature, low-birthweight babies; and reduce child abuse and neglect in families in stress. All these are essential goals if we expect our children to be prepared to learn in school. Today, most industrialized countries and others provide home visiting services to new parents. In this country, states like Minnesota, Missouri, and Hawaii have taken the lead in establishing statewide birth-to-three home visiting programs. An expanded birth-to-three Head Start could provide this valuable program option to additional families and communities.

Family Resource and Support Programs

Questions, problems, and needs that can seem overwhelming to a family with a new baby can often easily be answered or dispelled when parents of young children meet parents or professionals who have "been there before." That is why center-based family resource and support programs such as Head Start's Parent and Child Centers have become important resources in many different communities across the country. Cornerstones of a growing "family support movement," family resource centers offer a range of formal and informal parent education and support services for expectant parents and for parents and their children under five.

Family resource centers provide a place in the community for parents to meet other parents and for parents and children to visit together. Because these centers reflect the needs and interests of the families and communities they serve, program structure and services may vary from community to community. Most, however, offer a similar core of service components:

- child development and parenting information;
- parent-child activities;
- parent support services (drop-in programs, parent support groups, and warmlines);

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- pre-employment training and job development opportunities;
- developmental screenings and referrals that allow for early detection and treatment of developmental delays; and
- family activities and special events.

Family resource centers also link families with educational, health, and social services in the community that can help them address or prevent specific problems.

Family-Centered Child Care for Infants and Toddlers

As more and more parents pursue training or job opportunities while their children are very young, a birth-to-three Head Start expansion will need to include high-quality child care programs, both center-based and home-based. These programs, however, must move beyond the child-centered focus of most child care facilities to encompass a truly family-centered approach. In family-centered child care, parents or primary caregivers remain central to their children's lives and development. A primary goal is to build relationships with and within the family that will foster their child's growth. Professionals establish partnerships with parents that are characterized by collaboration and shared decision-making. Whenever possible, opportunities are created to enable parents to participate in activities with their children.

It is not easy to develop a family-centered program where parents leave their children for part of the day. But, effective family-centered child care programs have been developed that provide support and guidance to parents in their parenting role while involving them as active partners in the care of their children.

Home-based infant-toddler care

Family day care homes are often preferred by families needing infant care because small spaces and few children expose infants to fewer infections and less commotion. Also, child care homes provide the more flexible care needed by teenagers in school who need part-time care, parents who work evenings or weekends, and parents of children with special needs.

Some community-based child care agencies, like North Avenue Day Nursery in Chicago, have developed networks of family day care homes that provide important support to family day care providers, offering professional training and credentialing, information and resources, and access to a range of community services and programs for providers and the families they serve.

At the hub of the network is a licensed child care center or agency that dedicates staff and resources to recruiting, training, and monitoring a small number of "satellite" day care homes in the surrounding community. Through the network's training and support, providers can learn the special skills of working with infants and toddlers, as well as how to build partnerships with families.

Center-based infant-toddler care

High-quality child care centers understand that they must provide support to entire families, not just to children. These programs provide opportunities for families to meet together for social events, parenting classes and other educational programs. While working to ensure that families have access to quality health care services, they often rely on social service or home visiting staff to respond to the spectrum of needs a family might have such as housing, employment, education and job training, and drug treatment.

Some programs, like the Infant-Toddler Program at the Ounce of Prevention Fund's Center for Successful Child Development (CSCD/the "Beethoven Project"), located in a public housing development in Chicago, are able to provide comprehensive services to families by being part of a larger program. Families whose children attend the Infant-Toddler Program are encouraged to use CSCD's Primary Health Care Center; they are assigned a home visitor who can help them address concerns beyond child care; and they can take advantage of an array of parent meetings, workshops and family activities planned in conjunction with CSCD's Head Start program.

Other programs, such as the Parent Services Project in California, have added an entire family support and resource component to their center-based child care programs. Their goal is to provide prevention services where they are the most accessible to families: at their child's child care center. Parents meet in the evenings and on weekends in support groups, parent education classes, and for social events. Other services include sick child care, parent respite, mental health workshops, and community service referrals. Child care staff, family support staff, and parents work together to meet the needs of families.

School-based child care programs are another important center-based model. They provide essential support to teenage parents, helping them to stay in school and graduate while keeping them close to their children. These programs usually require teens to spend some of the day with their children, so teens can learn first hand about their child's care and development.

Birth-to-Three Head Start Expansion: Next Steps

For the past 27 years, Head Start has led the way in providing quality early childhood care and education to low-income children and in empowering families to take the lead in their children's education and in their own lives and communities. It is time now for Head Start to continue this lead by helping families give their children a head start from birth.

Given the demonstrated effectiveness of early intervention for infants and toddlers and their families, **it is imperative that federal policy mandate a specific portion of all Head Start dollars for birth-to-three Head Start programs**. And, as this policy is developed and funds are allocated for infants and toddlers, we must heed the lessons learned from Head Start over the years and pay careful attention to two crucial issues: ensuring quality and measuring results.

To ensure that birth-to-three Head Start programs deliver the highest quality services, guidelines for quality should be established *from the very beginning*. Before any programs are implemented, time must be devoted to developing appropriate performance standards (as exist for other Head Start programs) and a training model specific to birth-to-three program staff. This might include the creation of a birth-to-three Training Center modeled after the Head Start Training Centers that now exist for three-to-five and home-based programs.

Because of the many demands on Head Start funds, it becomes more critical than ever to carefully monitor how and to what end these dollars are spent. Any Head Start expansion needs to include the methods and the means to evaluate both new and current efforts. Ongoing evaluation is always crucial to effective programming and must be made a priority for new Head Start initiatives.

Few today would argue that a preventive investment in young children and their families — one of our nation's most essential resources — is an investment worth making. For those children served by Head Start and other high-quality early childhood programs over the past three decades, the investment has already paid off in healthier, better educated young adults, in families who are self-sufficient, and in reduced costs for special education, adolescent childbearing, and courts and prisons. What we have come to know since the creation of Head Start about children's physical, mental, and emotional growth in their earliest years now dictates that a true head start begins prenatally and must be available to children in low-income families from birth.

Head Start is one federal program that has worked. Allocating a specific portion of all Head Start dollars for birth-to-three programs can build on the strengths and successes of this program and help create solid foundations for our most vulnerable children and families.

Resources

Children's Defense Fund, "Investments to Make and Savings to Gain," Washington, D.C.: 1990.

Lally, Ronald J., Mangione, Peter L., "Early Intervention Research: Building on Lessons from the 60s and 70s for Programs in the 90s," Sausalito, CA: Far West Laboratory, June 1991.

Lally, Ronald J., Mangione, Peter L., Honig, Alice S., Wittner, Donna S., "More Pride, Less Delinquency: Findings from the Ten-Year Follow-Up Study of the Syracuse University Development Research Program," Arlington, VA: *Zero-To-Three*, April 1988.

President Clinton's New Beginning: The Complete Text, with Illustrations, of the Historic Clinton-Gore Economic Conference, Little, Rock Arkansas, December 14-15, 1992. Conducted by President Clinton, New York, NY: Donald I. Fine, Inc., 1992.

Schorr, Lisbeth B., *Within Our Reach: Breaking the Cycle of Disadvantage*, New York, NY: Anchor Press, 1988.

Seitz, Victoria, Rosenbaum, Laurie K., Apfel, Nancy H., "The Effects of Family Support Intervention: A Ten Year Follow-Up," *Child Development*, 1985, 56, 376–391.

United States General Accounting Office, *Home Visiting: A Promising Early Intervention Strategy for At-Risk Families*, Washington, D.C.: July 1990.

Zero to Three/National Center for Clinical Infant Programs, *Heart Start: The Emotional Foundations of School Readiness*, Arlington, VA: 1992.

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